



# **Medical Response and Care Overview**

---

**James E. Diggs**  
**North Atlantic Medical Command**

**1 December 2008**

Report Documentation Page				Form Approved OMB No. 0704-0188	
Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
1. REPORT DATE <b>DEC 2008</b>		2. REPORT TYPE <b>N/A</b>		3. DATES COVERED <b>-</b>	
4. TITLE AND SUBTITLE <b>Medical Response and Care Overview</b>				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) <b>North Atlantic Regional Medical Command Washington, DC</b>				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT <b>Approved for public release, distribution unlimited</b>					
13. SUPPLEMENTARY NOTES <b>See also ADM002187. Proceedings of the Army Science Conference (26th) Held in Orlando, Florida on 1-4 December 2008, The original document contains color images.</b>					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT <b>UU</b>	18. NUMBER OF PAGES <b>18</b>	19a. NAME OF RESPONSIBLE PERSON
a. REPORT <b>unclassified</b>	b. ABSTRACT <b>unclassified</b>	c. THIS PAGE <b>unclassified</b>			



## Military Medicine

“In his second inaugural address President Lincoln clearly established our collective national responsibility to our soldiers and families. “To care for him who shall have borne the battle and for his widow and his orphans.” The remarkable men and women of our all volunteer force supported by their dedicated families are a national treasure and will be cared for accordingly. Our nation recognizes that our soldiers and families deserve a quality of care and a quality of life commensurate with the magnificent service they rendered to the American people. I want to renew my personal commitment to ensure these standards are met and maintained for our soldiers, civilians and families.”

**General George W. Casey, Chief of Staff**

***“Apart from the War itself, there is no higher priority!”***

**General Richard A. Cody, 31<sup>st</sup> Army Vice Chief of Staff**



# AMEDD Senior NCO Summit - Warriors and Families First!



## MEDCOM Mission & Areas of Emphasis

**Our Vision:** America's Premier Medical Team Saving Lives and Fostering Health and Resilient People. Army Medicine...Army Strong!

### **Mission**

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- **Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes**



### **Strategic Themes**

- Maximize Value in Health Services
- Provide Global Operational Forces
- Build the Team
- Balance Innovation with Standardization
- Optimize Communication and Knowledge Management

### **Strategic Performance**

#### **Enablers**

- Performance Based Adjustment Model (PBAM)
- Human Capital Strategy
- **AMAP Institutionalization**
- AMEDD-Sponsored Middleware



# Army Medicine Strategy Map

April 2008

## Mission

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

## Vision

America's Premier Medical Team Saving Lives and Fostering Healthy and Resilient People  
Army Medicine...Army Strong!

## Strategic Themes

Maximize Value in Health Services

Provide Global Operational Forces

Build the Team

Balance Innovation with Standardization

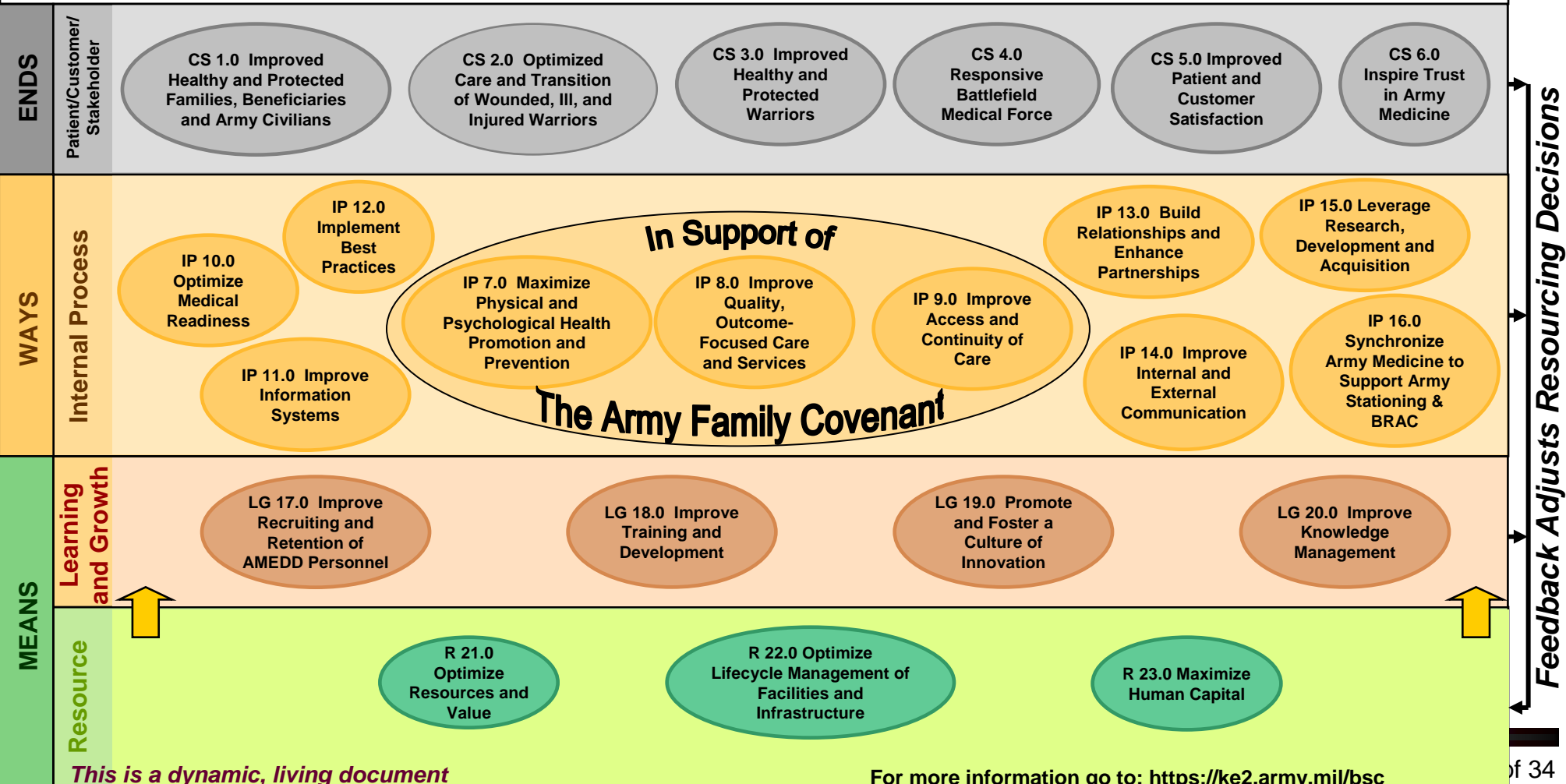
Optimize Communication and Knowledge Management

**SUSTAIN**

**PREPARE**

**RESET**

**TRANSFORM**



Feedback Adjusts Resourcing Decisions

This is a dynamic, living document

For more information go to: <https://ke2.army.mil/bsc>





# AMEDD Senior NCO Summit - Warriors and Families First!



## Beneficiaries



546K Active Duty (AD)  
814K Family Members (FM) (AD)  
214K Dependent Survivor  
180K Eligible NG/R  
264K Family Members of NG/R  
714K Retired  
825K FM Retired  
145K Other

**3702M Total**

## TDA Facilities

9 Medical Centers  
16 Army Community Hospitals  
5 Army Health Centers  
8 Army Health Clinics (supporting an installation)  
73 Army Health Clinics  
47 Army Troop Medical Clinics  
18 Army Occupational Health Clinics  
124 Dental Clinics  
96 Veterinary Clinics  
31 Research and Development Laboratories  
32 Prevention Facilities

**459 Total**

## AMEDD Personnel

(Compo 1, 2 & 3)



3,769 Medical Corps Officers

827 Dental Corps Officers

8,284 Other Officers

33,558 Enlisted

34,900 Civilian

81,338 Total AC

45,859 Total NG/RC

**127,197 Total AC/NG/RC**

## MEDCOM Installations

Walter Reed  
Fort Detrick

## OTSG/MEDCOM Personnel

(Compo 1, 2 & 3)

23,466 Military (**WTU's ADD 13k**)

33,339 Civilians

9000 Contractors

120 RC Augmentation

**65,925**

## TOE Units



### Active/Reserve

10 / 19 Combat Spt Hosp (CSH)

16 / 22 FWD Surg Tm (FSTs)

91 / 0 Other Active Units

0 / 47 Other Army NG Units

0 / 140 Other Army AR Units

**117/47/181 AC/NG/AR**

**Deployable Units**

**(345 Total)**

## Daily Expenditures (Mil)

\$24.01 DHP Direct Care

\$ 0.10 DHP Private Sector Care

\$ 2.72 Army

\$ 0.50 DoD

**\$27.33 Total**

As of 20 Aug 2008

UNCLASSIFIED



# AMEDD Senior NCO Summit - Warriors and Families First!



## Average Day in MEDCOM



### Outpatient Care

59,921 Clinic visits



63 Births



52,479 Laboratory Procedures



53,329 Out Patient Pharmacy Prescriptions



6,340 Radiology Procedures



5,420 Immunizations



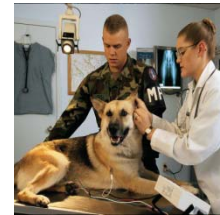
### Inpatient Care

1,278 Beds Occupied  
389 Patients Admitted



### Dental

23,361 Procedures



### Veterinary Services

2,090 Veterinary Outpatient Visits  
\$23.2 Million of Food Inspected



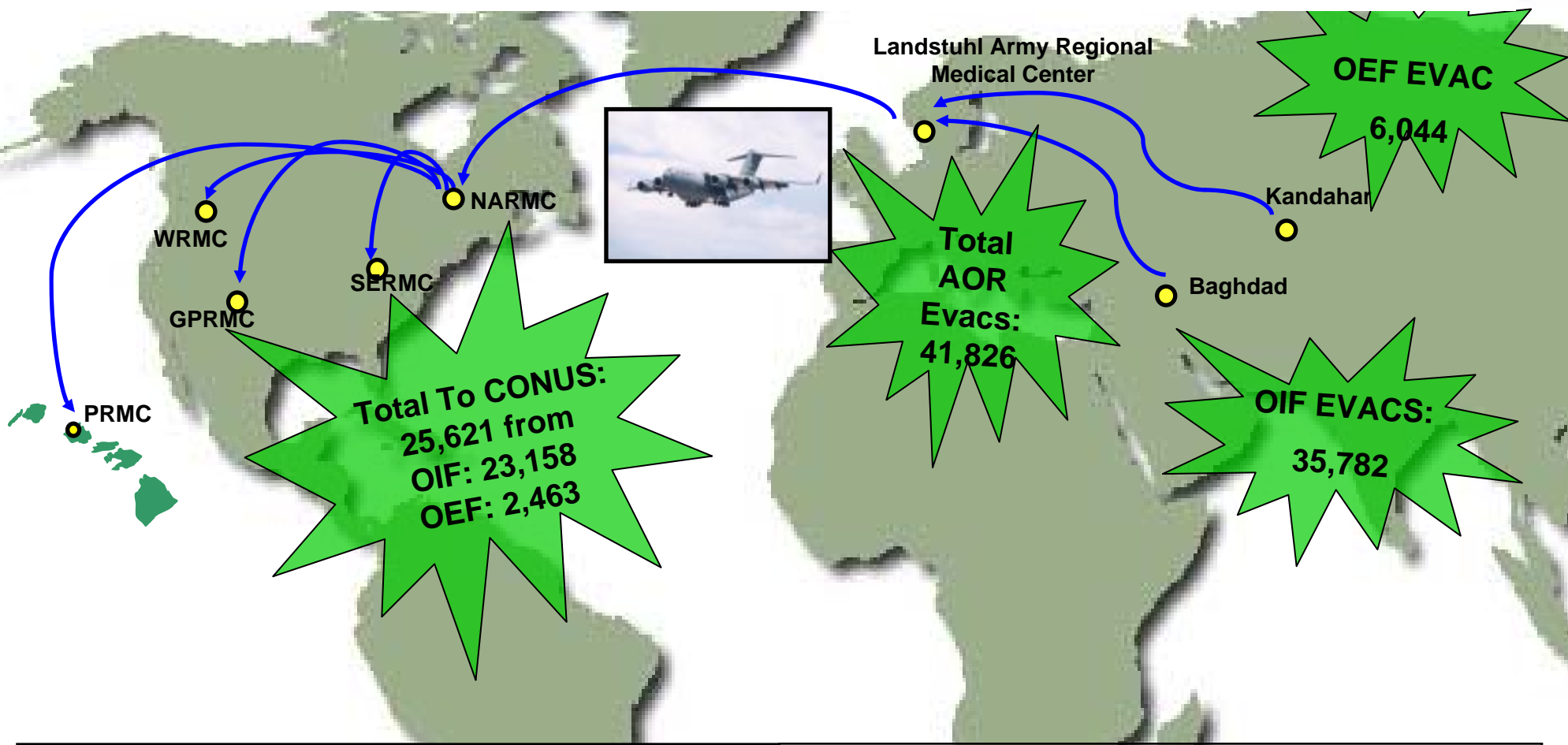
### Soldiers Deploying

1,096 Soldiers Deployed

As of 7 Sep 08



## ARMY OIF/OEF SOLDIER EVACUATIONS 07 OCT 01 – 08 SEP 08



### EVAC FROM AOR BREAKOUT IN/OUT

	Inpatients	Outpatients	Total
Total	11,852	29,974	41,826
Combined %	3%	71%	100%

### EVAC FROM AOR BREAKOUT BI/DNBI

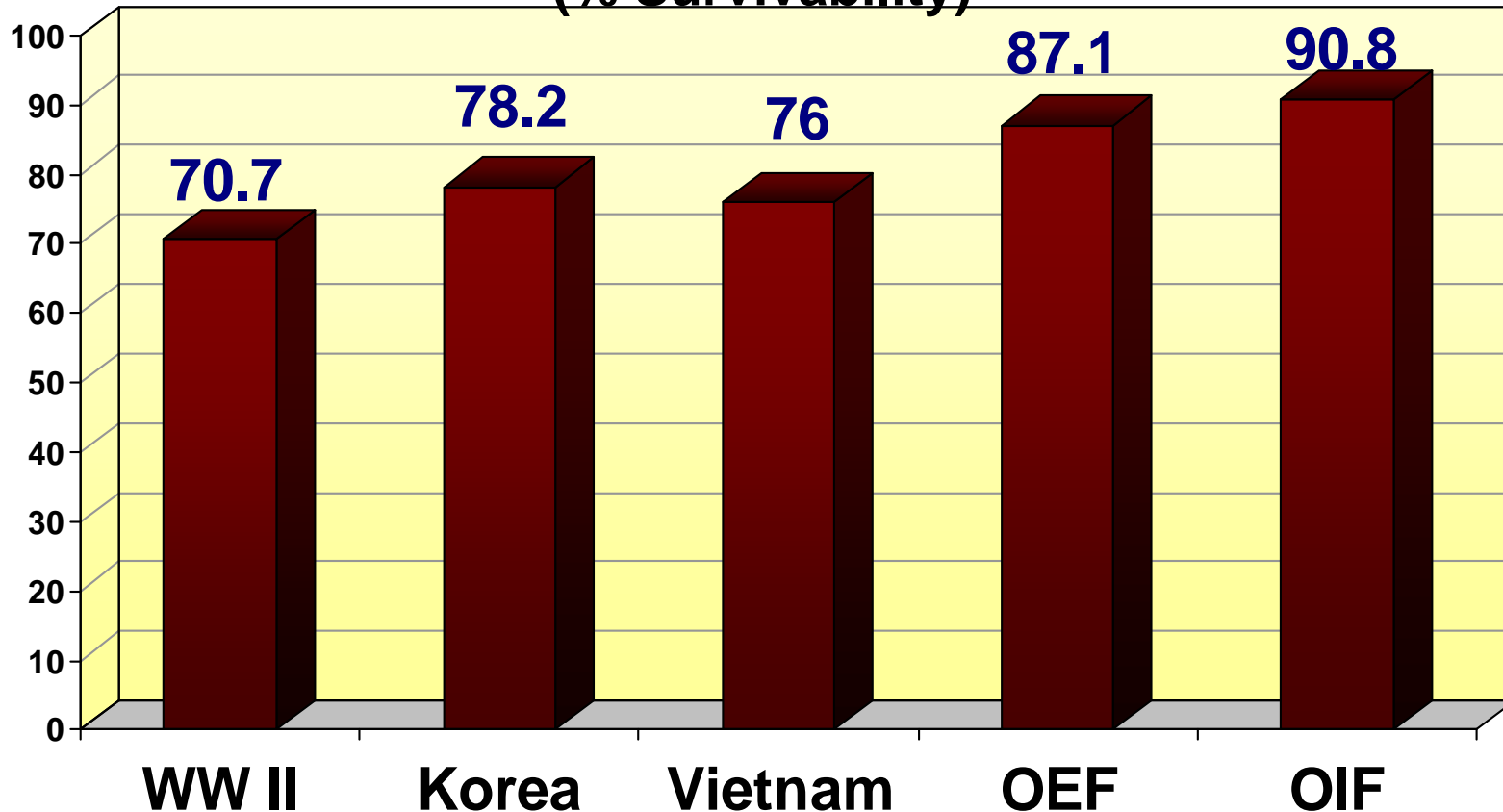
	BI	NBI	DIS	Total
Total	7,084	9,946	24,796	41,826
Combined %	17%	24%	59%	100%





# Advancements in Trauma Care

(% Survivability)



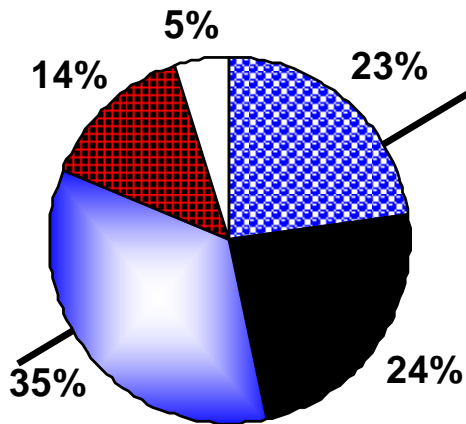
Rapid R&D and application of lessons learned led to improvements in:

- Equipment – Personal Protective Equipment: Body Armor
- Battlefield tactics, techniques, and procedures - Rapid Evacuation
- Doctrine - Far forward Resuscitative Surgical Care
- Training - Enhanced Trauma Skills of the Combat Medic and Corpsman

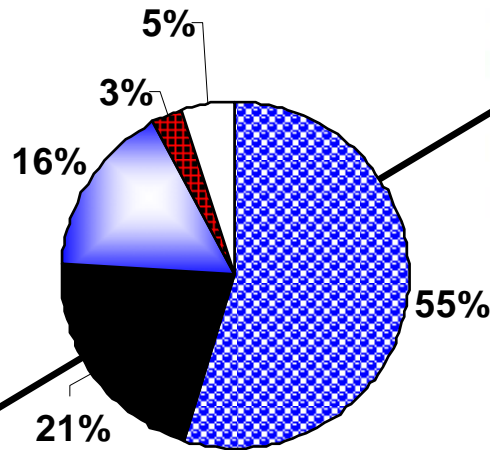


## Transforming For Success

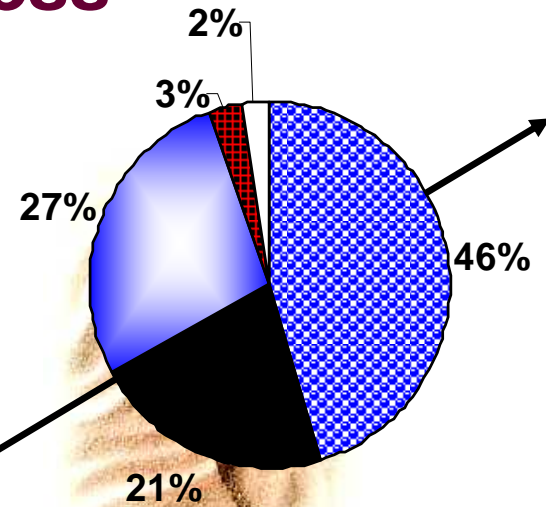
**Footprint= % Personnel Assets in Theater**



**DS/DS**  
**DNBI<sup>3</sup> = .392**  
**Survivability<sup>4</sup> = 78.3%**



**OEF<sup>1</sup>**  
**DNBI<sup>3</sup> = .302**  
**Survivability<sup>4</sup> = 87.1%**



**OIF<sup>2</sup>**  
**DNBI<sup>3</sup> = .234**  
**Survivability<sup>4</sup> = 89.6%**



## Status of Army Hospitals



**1988**

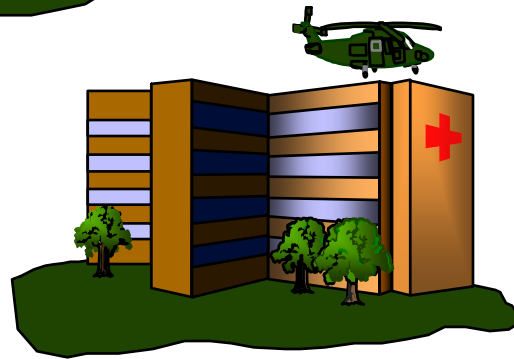
14 OCONUS

35 CONUS

49 U.S. Army Hospitals

48% reduction in

**Last 2 Decades**

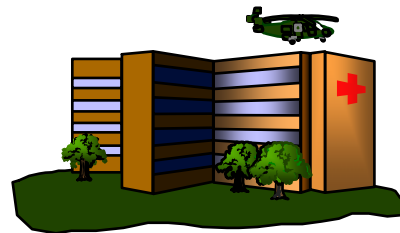


**1995**

6 OCONUS

31 CONUS

37 U.S. Army Hospitals



**2008**

3 OCONUS

21 CONUS

24 U.S. Army Hospitals

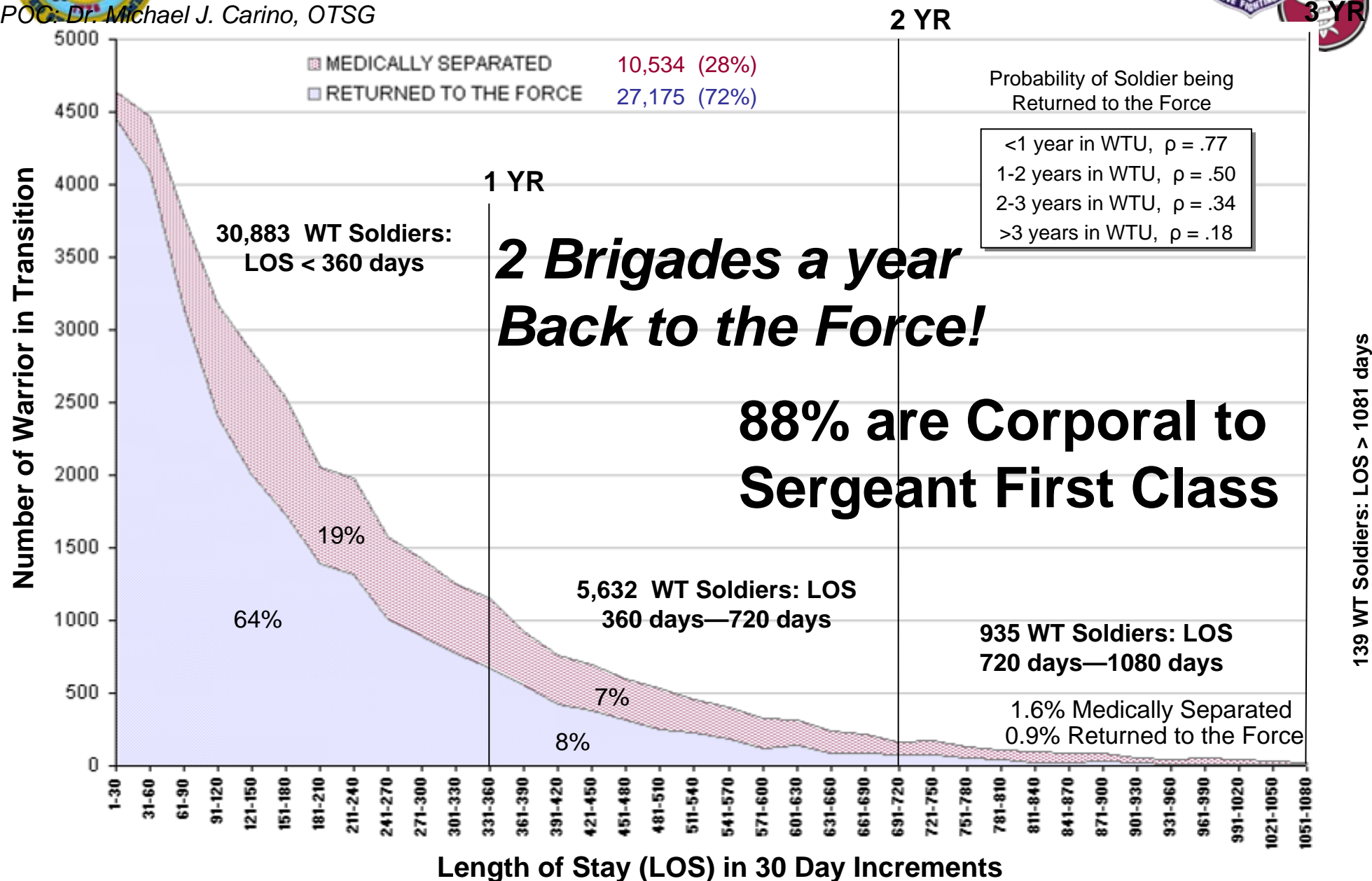


# Returning Warriors to the Line



Data source: MODS, October 2001—3 March 2008

POC: Dr. Michael J. Carino, OTSG



UNCLASSIFIED



## Soldier's Health In The News

- *Journal of the American Medical Association* (March 1, 2006)
  - “The prevalence of reporting a mental health problem was **19.1% among service members returning from Iraq** compared with 11.3% after returning from Afghanistan...”
  - **35% of Iraq war veterans accessed mental health services in the year after returning home**; 12% were diagnosed with a mental health problem.”





# AMEDD Senior NCO Summit - Warriors and Families First!



05

06

07

08

09

10

11

AC/RC Rebalance

Army Modularity

Global Defense  
Posture and  
Realignment (GDPR)  
(50k)

BRAC

OIF/OEF

Grow The  
Army

Reset/  
Modernization

Business  
Transformation

***All of which  
have an  
impact on  
Medical  
Operations!***



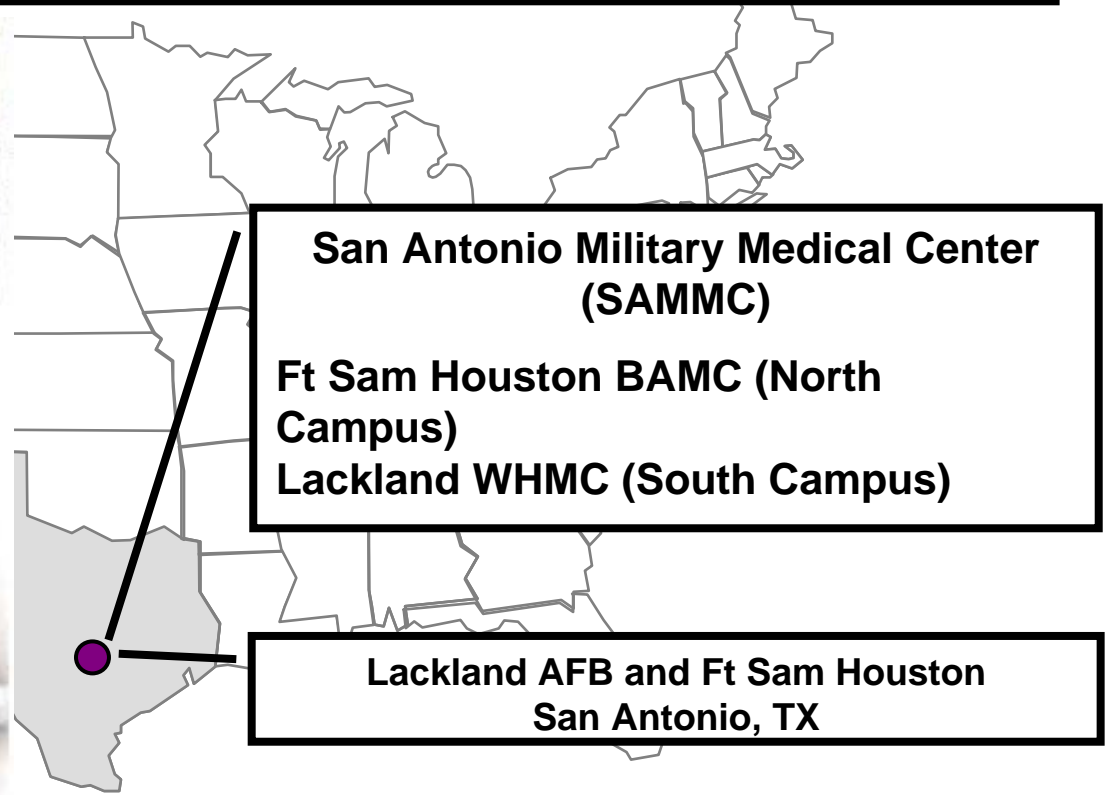
# AMEDD Senior NCO Summit - Warriors and Families First!



## BRAC Impact – BAMC San Antonio Military Medical Center

**Realign ● – In-patient medical services from Wilford Hall Med Ctr (Lackland AFB) to Brooke Army Med Ctr (Ft Sam Houston) and establish the San Antonio Military Med Center (SAMMC)**

**– Wilford Hall Med Ctr becomes Ambulatory Care Center**

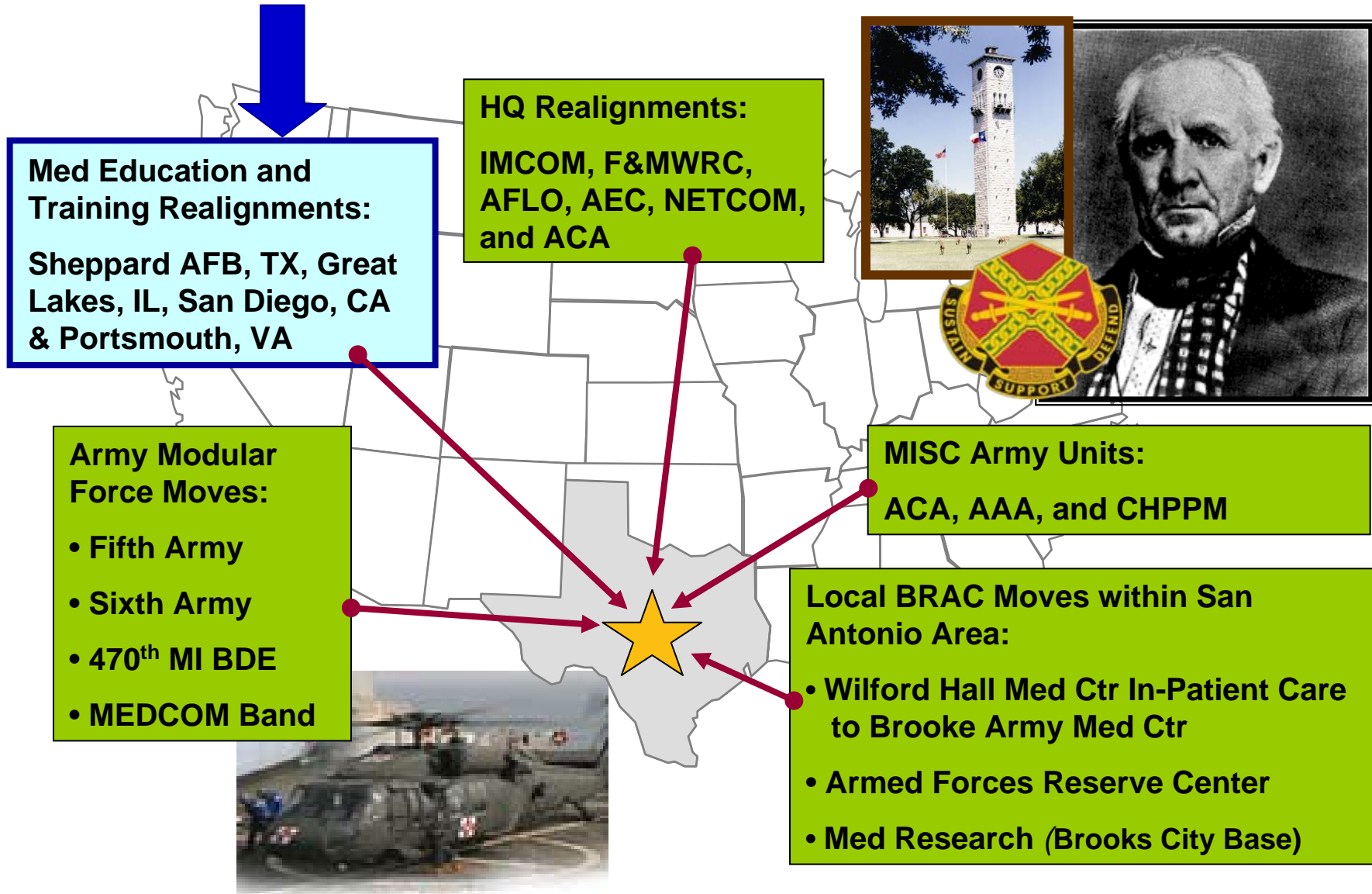




# AMEDD Senior NCO Summit - Warriors and Families First!



## BRAC Impact – Fort Sam Houston Medical Education Training Campus (METC)



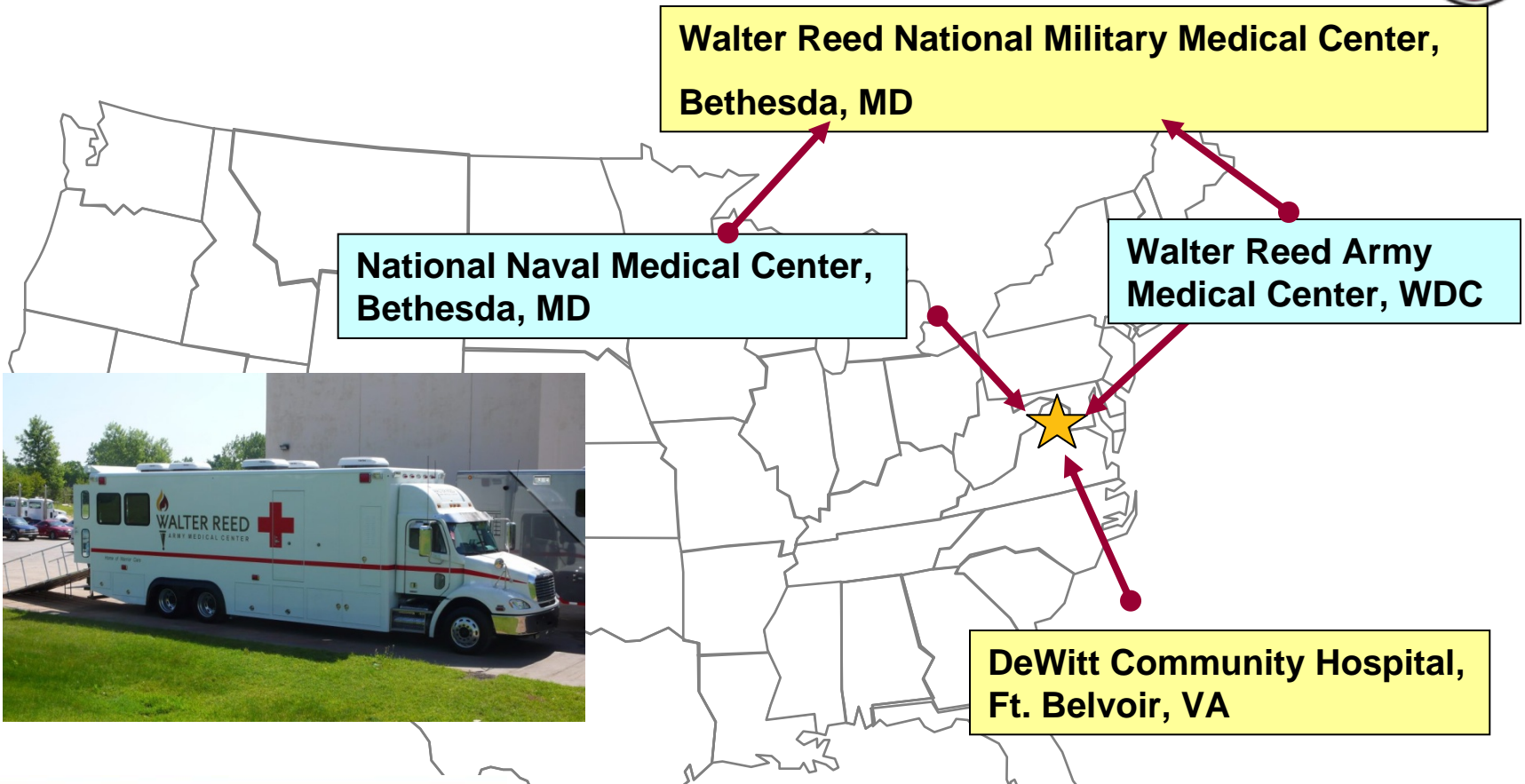


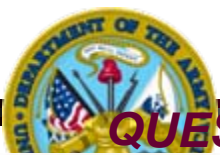


# AMEDD Senior NCO Summit - Warriors and Families First!



## BRAC Impact – National Capital Region Walter Reed National Military Medical Center





**AMEDD Ser**

## **QUESTIONS/ COMMENTS**

- **SGM Yerry (Delta Force)** lost his leg to enemy machine gun fire in Sep '05.
- After 5 months at Walter Reed, he was returned to duty.
- He is currently deployed.



**Families First!**



And some may ask why we do it...

Where do we find such men,

That with everything to live for;

They still step forward into evil,

While others equally capable,

Seek safety.

**May God bless them for  
answering their nation's call  
to serve.**

The DA AMAP website:

<https://www.us.army.mil/suite/page/400750>

DA EXORD, FRAGOs are posted as well as "AMAP Policies and procedures."

MEDCOM AMAP website:

<https://www.us.army.mil/suite/page/407622>

MEDCOM OPORDS, AMAP related ALARACTS are posted here

The Warrior Transition Office's (WTO) website:

<https://www.us.army.mil/suite/page/328110>

WTU best practices, training modules, contact info, SAV info





*Questions ?*

*"Soldier Medic"*